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CONFIRMATION NO. 5648

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|--|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/563,844   | <b>FILING OR 371(c) DATE</b><br>01/05/2006<br><b>RULE</b>   | <b>CLASS</b><br>378                | <b>GROUP ART UNIT</b><br>2882   | <b>ATTORNEY DOCKET NO.</b><br>DE030221 |                                |
| <b>APPLICANTS</b><br>Thomas Kohler, Norderstedt, GERMANY; <i>CT</i><br>Michael Grass, Buchholz in der Nordheide, GERMANY;<br><b>** CONTINUING DATA *****</b> <i>verified CT</i><br>This application is a 371 of PCT/IB04/51043 06/29/2004<br><b>** FOREIGN APPLICATIONS *****</b> <i>verified CT</i><br>EUROPEAN PATENT OFFICE (EPO) 03102049.8 07/08/2003<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/15/2006</b> |   |                                    |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CT</i><br>Verified and Acknowledged <i>CT</i><br>Examiner's Signature _____ Initials _____   |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>10              | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>24737  |   |                                    |   |  |                                |
| <b>TITLE</b><br>Reconstruction of the current flow in a vessel system  |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |